



04-20-06

IFW #

PTO/SB/21 (08-03)

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TRANSMITTAL FORM (to be used for all correspondence after initial filing)		Application Number	10/825,156
		Filing Date	April 16, 2004
		First Named Inventor	Marc C. ZEITOUN, et al.
		Group Art Unit	3624
		Examiner Name	Charles R. Kyle
Total Number of Pages in This Submission	19	Attorney Docket Number	74622-060

ENCLOSURES (check all that apply)

<input type="checkbox"/> Fee Transmittal Form <input type="checkbox"/> Fee Attached <input checked="" type="checkbox"/> Amendment / Reply <input type="checkbox"/> After Final <input type="checkbox"/> Affidavits/declaration(s) <input checked="" type="checkbox"/> Extension of Time Request <input type="checkbox"/> Express Abandonment Request <input type="checkbox"/> Information Disclosure Statement <input type="checkbox"/> Certified Copy of Priority Documents <input type="checkbox"/> Response to Missing Parts/Incomplete Application <input type="checkbox"/> Response to Notice to File Corrected Application	<input type="checkbox"/> Drawing(s) <input type="checkbox"/> Licensing-related Papers <input type="checkbox"/> Petition <input type="checkbox"/> Petition to Convert to a Provisional Application <input type="checkbox"/> Power of Attorney, Revocation Change of Correspondence Address <input type="checkbox"/> Terminal Disclaimer <input type="checkbox"/> Request for Refund <input type="checkbox"/> CD, Number of CD(s) _____	<input type="checkbox"/> After Allowance Communication to Group <input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences <input type="checkbox"/> Appeal Communication to Group (<i>Appeal Notice, Brief, Reply Brief</i>) <input type="checkbox"/> Proprietary Information <input type="checkbox"/> Status Letter <input checked="" type="checkbox"/> Other Enclosure(s) (<i>please identify below</i>): Return post card
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Papers

Remarks

EXPRESS MAIL # EV 671310850 US**SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT**

Firm or Individual Name	John C. Stellabotte Reg. No. 47,969		
Signature	<i>John C. Stellabotte</i>		
Date	April 18, 2006		

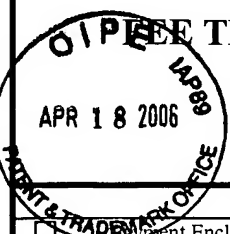
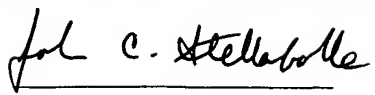
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Typed or printed name	Elizabeth Tavarez		
Signature	<i>Elizabeth Tavarez</i>	Date	April 18, 2006

This collection of information is required by 37 CFR 1.5. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.14. This collection is estimated to 12 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

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<div style="float: left; width: 35%; text-align: center;">  <p>FREE TRANSMITTAL FY 2005</p> </div> <div style="float: right; width: 65%; text-align: center;"> <p><i>Complete if Known</i></p> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr><td>Application Serial Number</td><td>10/825,156</td></tr> <tr><td>Filing Date</td><td>April 16, 2004</td></tr> <tr><td>First Named Inventor</td><td>Marc C. ZEITOUN, et al.</td></tr> <tr><td>Group Art Unit</td><td>3624</td></tr> <tr><td>Examiner Name</td><td>Charles R. Kyle</td></tr> <tr><td>Attorney Docket No.</td><td>74622-060</td></tr> </table> </div>					Application Serial Number	10/825,156	Filing Date	April 16, 2004	First Named Inventor	Marc C. ZEITOUN, et al.	Group Art Unit	3624	Examiner Name	Charles R. Kyle	Attorney Docket No.	74622-060
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METHOD OF PAYMENT																
<input type="checkbox"/> Payment Enclosed: <input type="checkbox"/> Check <input type="checkbox"/> Money Order <input type="checkbox"/> Other																
<input checked="" type="checkbox"/> The Commissioner is hereby authorized to credit or charge any fee indicated below for this submission to Deposit Account No. 16-2500																
<input checked="" type="checkbox"/> Required Fees (copy of this sheet enclosed). <input checked="" type="checkbox"/> Additional fee required under 37 CFR 1.16 and 1.17. <input checked="" type="checkbox"/> Overpayment Credit.																
<input type="checkbox"/> Applicant claims small entity status.																
FEE CALCULATION																
1. BASIC FILING, SEARCH, AND EXAMINATION FEES																
Application Type	Filing	Search	Examination	Fee Paid												
Utility	300	500	200													
Design	200	100	130													
Plant	200	300	160													
Reissue	300	500	600													
Provisional	200	0	0													
Small Entity Discount																
1. TOTAL																
2. EXCESS CLAIM FEES																
			Fee	Small Entity Fee (\$)												
Each claim over 20 or, for Reissues, each claim over 20 and more than in the original patent.			50	25												
Each independent claim over 3 or, for Reissues, each independent claim more than in the original patent.			200	100												
Total Claims			Extra Claims Fee Paid (\$)													
- 20 or HP = _____ X \$50 = _____ HP = highest number of total claim paid for, if great than 20																
Indep. Claims			Extra Claims Fee Paid (\$)													
- 3 or HP = _____ X \$200 = _____ HP = highest number of total claim paid for, if great than 3																
Multiple Dependent Claims		Fee(\$)	Small Entity fee (\$)	Fee Paid (\$)												
		360	180													
2. TOTAL:																
3. APPLICATION SIZE FEE																
If the specification and drawing exceed 100 sheets of paper, the application size fee due is \$250 (\$125 for small entity) for each additional sheets or fraction thereof. See 35 U.S.C. 41(a)(1)(G) and 37 CFR 1.16(s).																
Total Sheets	Extra Sheets	Additional 50 or fraction thereof	Fee (\$)	Fee Paid												
-100 = _____ /50 = _____ round up to a whole number x _____ = _____																
3. TOTAL:																
CORRESPONDENCE ADDRESS																
Direct all correspondence to: Patent Department RM 17-19 Proskauer Rose LLP 1585 Broadway New York, NY 10036 Tel. No.: (212)969-3000 Fax No.: (212)969-2900																
4. ADDITIONAL FEES																
Large Entity Fee (\$)	Small Entity Fee (\$)	Fee Description	Fee Paid													
130	65	Surcharge - late filing fee or oath														
50	25	Surcharge - late provisional filing fee or cover sheet														
130	130	Non-English specification														
2,520	2,520	Request for ex parte re-examination														
120	60	Extension for reply within 1 st mo.	120													
450	225	Extension for reply within 2 nd mo.														
1,020	510	Extension for reply within 3 rd mo.														
1,590	795	Extension for reply within 4 th mo.														
2,160	1,080	Extension for reply within 5 th mo.														
500	250	Notice of Appeal														
500	250	Filing a brief in support of an appeal														
1,000	500	Request for oral hearing														
400	0	Petitions to the Director														
180	180	Submission of IDS														
790	395	Filing a submission after final rejection (37 CFR 1.129(a))														
790	395	For each additional invention to be examined (37 CFR 1.129(b))														
100	100	Certificate of Correction for applicant's error														
110	55	Submission of Terminal Disclaimer														
Other fee (Specify)		Request for Continued Examination (RCE)														
Other fee (Specify)																
4. TOTAL:				120.00												
TOTAL AMOUNT SUBMITTED																
(\$) 120.00																
SIGNATURE BLOCK																
Respectfully submitted,  John C. Stellabotte Attorney for the Applicants Proskauer Rose LLP 1585 Broadway New York, NY 10036																
Date: April 18, 2006 Reg. No.. 47,969 Tel. No.: (212)969-3000 Fax No.: (212)969-2900																